2007 United States Senate Youth Program California Student Application

DIRECTIONS: Please type or print clearly all information. This interactive form can be accessed and filled out on the California Department of Education Web site at http://www.cde.ca.gov/eo/in/us/index.asp. The Qualifying Examination and student's unofficial transcript must accompany this Application. Return the **original and one copy** of the packet by mail to:

Carol Smith, Coordinator
United States Senate Youth Program
California Department of Education
1430 N Street, Suite 5602
Sacramento, CA 95814-5901

Note: The postmark deadline for the USSYP application is October 2, 2006.

Student Name
Street Address City Zip Code E-mail address Male Female Year of High School Graduation G.P.A. or Class Rank Parent or Guardian's Name Daytime Phone () - Parent or Guardian's Name Daytime Phone () - Elected Office (Specify the elected or selected office(s) that you currently hold.) Office and Organization School Information School Name Phone District Name Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
City
E-mail address Male
E-mail address Male
Parent or Guardian's Name Parent or Guardian's Name Daytime Phone Daytime Phon
Parent or Guardian's Name Daytime Phone
Parent or Guardian's Name Daytime Phone
Office and Organization School Information School Name Phone () - District Name Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
Office and Organization School Information School Name Phone () - District Name Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
School Information School Name Phone Phone Phone Phone Phone School Name Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
School Information School Name Phone Phone O School Name Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
School Name Phone O Phone O Phone O Phone District Name Address City Zip Code School Type: Public Private Parochial Contact Person Contact E-mail
District Name Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
Address City Zip Code School Type: Public Private Parochial School Contact Person Contact E-mail
City Zip Code School Type: Public _ Private _ Parochial _ Contact E-mail
School Contact Person Contact E-mail
School Contact Person Contact E-mail
Dringing l'a Nama
Principal's Name Principal's E-mail
Congressional Information
U. S. Congressional Representative District #
Authorization
Each of the undersigned has carefully read the accompanying program brochure, including the
qualifications and rules, and with full understanding of the terms, consents to the participation of the
undersigned student in accordance with the standards, rules and regulations established by the
William Randolph Hearst Foundation for the 45th Annual United States Senate Youth Program.
Principal's Signature Date:
Observation Characterists
Student's Signature Date:
Parent's Signature Date:

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DIRECTIONS: Please type or print clearly all information. This interactive form can be accessed and filled out on the California Department of Education Web site at http://www.cde.ca.gov/eo/ce/us/index.asp. List your involvement in school activities, organizations, and community service in the space provided.

Activity or Organization	9		10)	11		12		Position/Office
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Community Service	9		10)	11		12		Total Hours
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Recognition or Awards	9		10)	11		12	<u>.</u>	Description
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Briefly describe your future career goal life/career plans).	ıls (i	nc	lud	e d	colle	ege	e or	u	niversity you plan to attend, and